

DESCRIPTION OF NATURE OF PARTNERSHIP

A partnership is an association between a grant applicant and educational stakeholder(s) in which the stakeholder agrees to provide human and material assets or access to academic and administrative resources to the grant applicant to develop or execute a Straight A Fund grant application. However, in a partnership, only the grant applicant is responsible for ensuring the grant is developed and executed according to the terms of the grant agreement with the Straight A Program Governing Board. Grant applicant partners are responsible only to the extent provided in their Partnership Agreement with the grant applicant.

In order to ensure the effective implementation of the Straight A Fund throughout the state, applicants are encouraged to partner with education stakeholders. Each applicant must identify its partners and attach a description of each respective partner's roles and responsibilities.

Each member of the partnership is responsible for the following assurances:

1. Be knowledgeable about the applicant's Straight A Fund grant proposal and application, including advocacy of the Straight A Fund program.
2. Maintain familiarity with the partner's services to enhance the proposal, including specific goals and practices.
3. Demonstrate a commitment to clear roles and responsibilities of each partner as it relates to the grant proposal and application.
4. Sustain consistent communication among partners and stakeholders with a shared vision of the goals of the grant proposal. This includes participating in regularly scheduled meetings for project management and identifying areas for improvement.
5. Ensure partners have appropriate access to data for purposes of grant program improvement and evaluation in accordance with state and federal law.
6. Develop a clear project management plan to sustain the project over time.

Partnership Signatures

Applicant

Name: Erik Belcher
 Title: Superintendent, Fayette Local Schools
 IRN: 047068
 Phone: 419.237.2573
 Email: ebelcher@fayettesch.org
 Address: 400 E. Gamble Road
 City: Fayette
 State: OH
 Zip: 43521

Sign: Erik Belcher
 Date: 10/22/13

Primary Partner

Name: Thomas Stuckey
 Title: President, Northwest State Community College
 Tax ID/IRN: [REDACTED]
 Phone: (419) 267-1320
 Email: tstuckey@northweststate.edu
 Address: 22600 State Route 34
 City: Archbold
 State: OH
 Zip: 43502

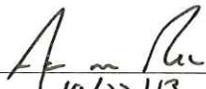
Sign: Thomas Stuckey
 Date: 10/22/13



STRAIGHT FUND

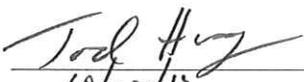
Secondary Applicant (if applicable)

Name: Aaron Rex
Title: Superintendent, Archbold Area Schools
IRN: 047043
Phone: 419.446.2728
Email: arex@archboldschools.org
Address: 600 Lafayette St.
City: Archbold
State: OH
Zip: 43502

Sign: 
Date: 10/22/13

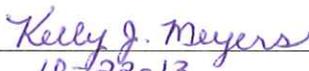
Secondary Applicant (if applicable)

Name: Tod Hug
Title: Superintendent, Ayersville Local Schools
IRN: 046706
Phone: 419.395.1111
Email: thug@ayersvilleschools.org
Address: 28046 Watson Road
City: Defiance
State: OH
Zip: 43512

Sign: 
Date: 10/22/13

Secondary Applicant (if applicable)

Name: Kelly Meyers
Title: Superintendent, Holgate Local Schools
IRN: 047571
Phone: 419.264.5141
Email: kmeyers@holgate.k12.oh.us
Address: 801 E. Joe E. Brown Avenue
City: Holgate
State: OH
Zip: 43527

Sign: 
Date: 10-22-13

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____



STRAIGHT **A** FUND

Secondary Applicant (if applicable)

Name: Jeff Schlade
Title: Superintendent, Swanton Local Schools
IRN: 047092
Phone: 419.826.7085
Email: Jeff.Schlade@swanton schools.org
Address: 108 N. Main Street
City: Swanton
State: OH
Zip: 43558

Sign: 
Date: 10/22/13

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Applicant (if applicable)

Name: _____
Title: _____
IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Applicant (if applicable)

Name: _____
Title: _____
IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____

Sign: _____
Date: _____

